



# Arkansas Insurance Department

NAIC COMPANY CODE \_\_\_\_\_

2004 FORM AID AC EST-Q  
Estimated Insurance Premium Tax

ORIGINAL \_\_\_\_\_ AMENDED \_\_\_\_\_

## INSTRUCTIONS:

**All insurers must file this form even if no business was written during the reporting period.**

Enter your company 5-digit NAIC code in space provided above.  
Enter your name and address in the space provided on this form.  
Choose the appropriate quarter per filing period and enter check mark in box.  
Choose the Company type and mark one.  
**Complete each line using the line-by-line instructions.**

- **Line 1** Enter the amount of estimated premium tax due for the quarter.
- **Line 2** Compute any penalty due with this payment.
- **Line 3** Add Lines 1 and 2 together and enter result here.

**DO NOT TAKE ANY CREDITS FOR PRIOR YEAR PAYMENTS.**

**Line 4** If your estimated premium tax is less than \$25, enter amount deferred here.

Company name and address below:

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1. Estimated Quarterly Tax	1.
2. Penalty (Late report or payment \$100 per day)	2.
3. <b>AMOUNT DUE</b>	3.
4. Deferred Amount (less than \$25)	4.

### FILING DEADLINE FOR QUARTER

(Mark one)

1st Quarter: Due May 17 ☐

2nd Quarter: Due August 16 ☐

3rd Quarter: Due November 15 ☐

Company Type: (Mark one)

Life/AH ☐

Prop/Cas ☐

HMO ☐

FMAA ☐

Title ☐

### Make check payable to:

STATE TREASURER OF ARKANSAS

**Mail to:** Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

To Contact Us: Phone 501-371-2605 or E-mail: [www.state.ar.us/insurance](http://www.state.ar.us/insurance)

Sign and Date the form in the spaces provided below.

\_\_\_\_\_  
Signature of Officer

(Must be an original signature)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number